

## **Updated Medi-Cal Enrollment Requirements and Procedures for Certified Mastectomy Fitters**

The Department of Health Care Services (DHCS) is establishing Medi-Cal provider enrollment requirements for Certified Mastectomy Fitters (CMF). Effective April 19, 2019, CMF providers acting within the scope of their practice may apply for enrollment in the Medi-Cal Fee-For-Service program as individuals, group providers or rendering providers, and will be assigned the same provider type as Prosthetists, as defined in California Code of Regulations (CCR), Title 22, Section 51103.

In accordance with *Welfare & Institutions Code* (W & I Code) Section 14043.75(b), DHCS is establishing enrollment requirements and procedures for CMF providers who apply for enrollment in the Medi-Cal program to be reimbursed for the covered services they provide to Medi-Cal beneficiaries. These requirements implement and make specific W&I Code Sections 14043.26 and 14043.15 and as such have the full force and effect of law. This bulletin does not substitute for, or eliminate, all other enrollment requirements set forth in W&I Code Section 14043.26.

### **Requirements for Enrollment as an Individual Billing Provider**

To enroll as an individual billing provider, a CMF must be currently certified with the American Board for Certification in Orthotics, Prosthetics and Pedorthics or the Board of Certification. Effective (60 days after date of publication) all CMF applicants requesting consideration for enrollment are required to complete and submit the *Medi-Cal Provider e-Form application* and all supporting documentation, using the Provider Application for Validation and Enrollment (PAVE) online system, available at <https://pave.dhcs.ca.gov>.

### **Requirements for Enrollment as a Group Provider**

CCR, Title 22, Section 51000.16 states: “Provider Group’ means two or more rendering providers doing business together under a provider number at the same business location.” In order to enroll as a group, there must be two or more individuals providing services at the same business location.

CMF applicants requesting consideration for enrollment as a “group provider” are required to submit a group application using the PAVE online system. In order to submit a complete group application, the applicant must report rendering provider affiliations or submit rendering provider *Medi-Cal Provider e-Form applications* with their group e-Form using the PAVE system. The combined amount of rendering provider affiliations and rendering provider Medi-Cal Provider e-Form applications must total two or more. For details on reporting rendering provider affiliations, please see the provider bulletin, [“Requirements and Procedures to Report Affiliations Between Rendering Providers and Provider Groups”](#) published on the Medi-Cal website.

## **Requirements for Enrollment as a Rendering Member of a Medi-Cal Enrolled Provider Group**

CCR, Title 22, Section 51000.21 states: “Rendering Provider’ means an individual provider who renders healthcare services, or provides goods, supplies or merchandise as a member of a provider group and uses the provider number to bill the Medi-Cal program.” To enroll as a rendering provider of a Medi-Cal enrolled provider group, the rendering CMF must be currently certified with the Board of Certification and Accreditation or the American Board for Certification in Orthotics, Prosthetics and Pedorthics. All CMF applicants requesting consideration for enrollment as rendering providers are required to complete a *Medi-Cal Provider e-Form Application* as a rendering provider using the PAVE online system, and must be affiliated or submit an application for affiliation with an enrolled or newly enrolling provider group, as required by the provider bulletin, “[Requirements and Procedures to Report Affiliations Between Rendering Providers and Provider Groups](#)” published on the Medi-Cal website.

### **Note to Board Certified Orthotist and Prosthetist Providers**

Certified prosthetists who are enrolled in the Medi-Cal program may currently render CMF services to eligible fee-for-service Medi-Cal beneficiaries and bill DHCS for dates of service on or after their enrollment date, and do not need to submit a separate CMF application.

Currently enrolled certified orthotists who wish to provide CMF services to Medi-Cal beneficiaries must submit a supplemental change *Medi-Cal Provider e-Form* requesting to add CMF services via the PAVE online system in order to report their new CMF certification and must include a copy of their valid Mastectomy Fitter Certification with their e-Form.

Enrolled CMFs who become board certified in orthotics or board certified in prosthetics and wish to provide orthotic or prosthetic services to Medi-Cal beneficiaries must submit a supplemental change *Medi-Cal Provider e-Form* via the PAVE online system to report their new certification and must include a copy of their valid Orthotics or Prosthetics Certification with their e-Form.

Detailed CMF coverage and reimbursement policy information will be published in the following sections of the *Medi-Cal Provider Manual*:

- *Orthotic and Prosthetic Appliances*
- *Orthotic and Prosthetic Appliances: Billing Codes and Reimbursement Rates – Prosthetics*

**All CMF applicants requesting enrollment and all aforementioned provider types who wish to provide CMF services to Medi-Cal beneficiaries must apply through the Provider Application for Validation and Enrollment (PAVE) online system, available at <https://pave.dhcs.ca.gov>.**

PED will no longer accept paper applications from CMF applicants as of (60 days after publication). As a result, any paper applications postmarked after (59 days after publication) from CMF applicants will be returned to the applicant.

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